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Bib Data Sheet

CONFIRMATION NO. 3060

SERIAL NUMBER 09/695,022	FILING DATE 10/23/2000 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. M-8873 US
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APPLICANTS

Steven Z. Wu, Santa Clara, CA;

Deborra Sanders-Millare, San Jose, CA;
 Sameer Harish, Fremont, CA; Ryan J. Santos, San Jose, CA;
 Li Chen, San Jose, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/14/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>Paul Prost</i> Initials:				

ADDRESS

Cameron Kerrigan
 SQUIRE, SANDERS & DEMPSEY L.L.P.
 One Maritime Plaza,
 Suite 300
 San Francisco , CA
 94111-3492

TITLE

IMPLANTABLE DRUG DELIVERY PROSTHESIS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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RECEIVED 1440	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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